PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

21125

7590

09/18/2007

NUTTER MCCLENNEN & FISH LLP WORLD TRADE CENTER WEST 155 SEAPORT BOULEVARD BOSTON, MA 02210-2604

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system

Dated: December 14, 2007

in accordance with §1.6(a)(4).

Thomas J. Engellenner Reg. No. 28,711

APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		TORNEY DOCKET NO.	CONFIRMATION NO.
10/776,687	02/10/2004		Gregory B. Altshuler		105090-0236	3813
TITLE OF INVENTION	: TISSUE PENETRATI	NG ORAL PHOTOTHE	RAPY APPLICATOR			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FE	E TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	12/18/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS			
JOHNSON III, HENRY M		3739	607-088000	•		
. Change of correspondence address or indication of "Fee Address" (37 FR 1.363).		2. For printing on the p	Thomas I Fracilianna			
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			 (1) the names of up to 3 registered patent att or agents OR, alternatively, (2) the name of a single firm (having as a me registered attorney or agent) and the names o 2 registered patent attorneys or agents. If no n listed, no name will be printed. 		oneys - Done	Mollaaghababa
					f up to	McClennen & Fi
					ame is 3 Nutter	LLP
	ND DESIDENCE DAT	TO DE DDINTED ON	THE PATENT (print or type			1111
				•	identified below the	locument has been filed for
recordation as set forth	n in 37 CFR 3.11. Comp	pletion of this form is NC	of a substitute for filing an	assignment.	identified below, the t	locument has been filed for
(A) NAME OF ASSIG	GNEE		(B) RESIDENCE: (CITY	and STATE OR COU	NTRY)	
		_				
	icalTechnolo	•	Burlington	•		
Please check the appropri	ate assignee category or	categories (will not be p	rinted on the patent):	Individual X Corpor	ration or other private gr	oup entity Government
to The following fee(s)	on submitted:		h Payment of Fee(s): (Ples	se first reannly any n	reviously naid issue fee	shown above)
4a. The following fee(s) are submitted: Issue Fee			b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed.			
Publication Fcc (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.			
Advance Order - # of Copies			The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any			
			overpayment, to Depo	sit Account Number	(enclose	an extra copy of this form).
5. Change in Entity Stat	•	•	_			
a. Applicant claim	s SMALL ENTITY state	us. See 37 CFR 1.27.	b. Applicant is no long	ger claiming SMALL B	NTITY status. See 37 C	CFR 1.27(g)(2).
NOTE: The Issue Fee and interest as shown by the r	d Publication Fee (if requestroyed State	uired) will not be accepted	ed from anyone other than t	he applicant; a registere	ed attorney or agent; or t	he assignee or other party in
	N.	4 9	7			
Authorized Signature	-/ Mort	100	·	Date BC.	14, 2001	
	Fhamas	E gellenner		Registration No.	28 711	
Typed or printed name				-		
This collection of inform an application. Confident submitting the completed this form and/or suggesti Box 1450, Alexandria, V Alexandria, Virginia 223	ation is required by 37 C iality is governed by 35 I application form to the ons for reducing this bu irginia 22313-1450. DC 13-1450.	CFR 1.311. The information of the U.S.C. 122 and 37 CFR USPTO. Time will varied on the Sent to the NOT SEND FEES OR	on is required to obtain or a 1.14. This collection is est y depending upon the individend Chief Information Office COMPLETED FORMS TO	ctain a benefit by the p imated to take 12 minu idual case. Any comm r, U.S. Patent and Trac THIS ADDRESS. SE	ublic which is to file (ar ites to complete, includi ents on the amount of t demark Office, U.S. De ND TO: Commissioner	d by the USPTO to process) ng gathering, preparing, and ime you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.